



# Idaho State Board of Pharmacy

1199 W Shoreline Lane Ste 303 Boise, Idaho 83702-9103 <http://bop.idaho.gov>  
P.O. Box 83720 Boise, Idaho 83720-0067 208.334.2356 208.334.3536 fax

## PIC – Director of Pharmacy Change Form

***\*\*You must attach a list of ALL currently employed Pharmacists, student pharmacists & pharmacy technicians\*\****

***The Board of Pharmacy holds the director of pharmacy and/or the pharmacist in charge of each pharmacy responsible for all pharmacy related matters.*** The following is a non-inclusive list of Board Rules that relate to the responsibilities of pharmacists moving into either of these roles. Ensure that your pharmacy has the current edition of the Idaho Pharmacy Laws & Rules prior to reviewing the following.

**206.03. Inventory on PIC Change.** A complete controlled substance inventory must be conducted in the event of a PIC change on or by the first day of employment of the incoming PIC. (3-21-12)

**301. PIC Responsibilities.**

The PIC is responsible for the management, and must maintain full and complete control, of every part of the pharmacy and its regulated operations. (3-21-12)

**600.02. Corresponding and Individual Responsibility.** The pharmacy registrant and the PIC or director each have corresponding and individual responsibility for compliance with the law and these rules in all aspects of the sale and the dispensing of drugs, devices, and other materials at the drug outlet, including the safe, accurate, secure, and confidential handling and storage and the preparation, compounding, distributing, or dispensing of drugs and PHI. (3-21-12)

**622. Institutional Pharmacy Director** ...The director is responsible for ensuring compliance with applicable law and for each activity of the institutional pharmacy...

### Statement

**Date of Change:** \_\_\_\_\_ ☐ Director of Pharmacy ☐ Pharmacist in Charge

RPh License No. \_\_\_\_\_ Name: \_\_\_\_\_

Email: \_\_\_\_\_

### ***PLACE OF EMPLOYMENT***

Pharmacy License #. \_\_\_\_\_ Pharmacy Name: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*I certify that I have read and understand the above-mentioned Rules related to the role of the director of pharmacy and/or PIC.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

<b>License Number</b>	<b>Pharmacists</b>
<b>Registration Number</b>	<b>Student Pharmacists/Pharmacy Technicians</b>